

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hw	68904	2/9/00
O.I.P.E. CLASSIFIER	RSD		2/13/00
FORMALITY REVIEW		61001	2/22/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
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If more than 150 claims or 10 actions  
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WARNING:

Information disclosed  
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